

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2018
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NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING ON CONNECTICU	STREET ADDRESS, CITY, STATE, ZIP CODE 5111 CONNECTICUT AVE NW WASHINGTON, DC 20008
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*Received
7/20/18*

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R 000 Initial Comments

R 000

An annual survey was conducted on 06/05/18 through 06/20/18 to determine compliance with the Assisted Living Law " DC Code § 44-101.01". The Assisted Living Residence (ALR) provides care for 104 residents and employs 138 personnel to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews.

Listed below are abbreviations used throughout the body of this report.

- ALR - Assisted Living Residence
- DON - Director of Nursing
- HCA - Home Care Agency
- SN - Skilled Nurse
- ISP- Individualized Service Plan

R 292 Sec. 504.1 Accommodation Of Needs.

R 292

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on record review and interview, the ALR nursing staff failed: (1) to follow physician orders as prescribed for one of ten residents in the sample (Resident #2); and (2) to implement interventions for falls as outlined on the ISPs for three of ten residents in the sample (Resident #6, 7, and 8).

Findings included:

1. The ALR nursing staff failed to provide wound care per physician orders, as evidenced below:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 292	<p>Continued From page 1</p> <p>a. Review of Resident #2's current medical record on 06/06/18 at 10:00 AM showed the following wound care orders:</p> <ul style="list-style-type: none"> - 12/22/17- Cleanse wound with normal saline, pat dry, apply hydrogel, cover with 4 X 4 gauze, and wrap with an ace wrap from toes to knees daily. It should be noted that the order lacked the location of the wound. - 01/09/18- Cleanse right leg and foot wound with mild soap & water, moisturize intact skin with vitamin A + D, apply adaptic & alginate to wound bed, cover with 4 X 4 gauze, wrap with kerlix and comperm stockings, and wrap with an ace wrap from toes to knees daily. - 01/12/18- Cleanse, examine, and moisturize left foot and leg daily. Apply compression knee or thigh stockings (for venous stasis) at 8:00 AM and remove at 8:00 PM daily. <p>Review of the available nursing notes, entitled, "Weekly Wound Evaluation", dated from 12/30/17 through 01/27/18, showed that the ALR nurses performed weekly wound measurements for Resident #2's "right lower leg venous stasis wound." Further review of the record revealed that there was no documented evidence that the ALR's nursing staff provided daily wound care as ordered.</p> <p>Continued review of Resident #2's current medical record on the same day at 1:30 PM revealed the following physician order dated 01/30/18: "Cleanse with normal saline, pat dry, apply adaptic and alginate, cover with 4 X 4 gauze and wrap with profore compression wraps two-times-a-week." It should be noted that the order lacked the location of the wound.</p>	R 292	<p>The Resident Care Director (RCD/DON) clarified Resident #2's wound care orders with the Resident's physician to include the location of wound and treatment. The current order is documented in the resident's medical record. Previous orders that no longer apply have been discontinued.</p> <p>The current order has been inputted in to Resident #2's electronic Medication Administration Record (e-MAR) as a treatment that needs to be provided. Sunrise Wellness Nurses will document in the e-MAR when wound care is provided per orders. The HCA's SN will document in progress notes in resident record when they provide treatment per orders.</p> <p>The RCD updated Resident #2's progress notes and Individual Service Plan (ISP) with instructions on how to manage and care for a venous stasis wound.</p> <p>The RCD retrained the Wellness Nurses on the following processes: Reviewing and obtaining clarification on wound care orders to verify location of wound is identified, entering treatment orders in the electronic medication administration record (e-Mar), documenting in e-Mar when treatment is provided, and managing and the care of a venous stasis wound.</p> <p>The RCD reviewed current resident treatment orders for residents who have wounds to verify that the orders are complete and that the order identifies the location of the wound.</p>	<p>7/20/18</p> <p>7/20/18</p> <p>7/20/18</p> <p>7/11/18</p> <p>7/11/18</p>
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R 292

Review of available nursing notes, entitled "Weekly Wound Evaluation", dated from 02/03/18 through 03/02/18, showed that the nurse performed weekly wound measurements for Resident #2's "right lower leg venous stasis wound." Further review of the record revealed that there was no documented evidence that the ALR's nursing staff provided wound care two times weekly, as ordered.

Record review of the facility's Wound Care Program on 06/06/18 at 2:00 PM lacked documented evidence of how staff was to manage and care for venous stasis wounds.

During an interview on 06/06/18 at 2:30 PM, the DON stated the ALR nursing staff provided the wound care for Resident #2 as ordered, but they failed to document the care they provided. The DON also stated the location of the wound should have been included in the wound care orders.

b. Record review of Resident #2's current medical record on 06/07/18 at 11:00 AM revealed that on 03/03/18, a HCA started providing the wound care services three times a week for the resident.

Review of the HCA's plans of care, with certification periods of 03/02/18 to 05/01/18 and 05/02/18 to 06/30/18, showed the physician order included the following SN services:

"SN to perform/teach patient/caregiver wound care to bilateral lower extremity, right lower extremity cellulitis: irrigate/cleanse with normal saline/cleanser, apply alginate, adaptic to surrounding area. SN may also apply skin barrier

The RCD completed an audit of current resident orders who have a wound to ensure they have been entered into the e-MAR system as a treatment if the Sunrise Wellness Nurses are providing the treatment. If outside services are utilized the designated agency staff will document the care delivered in a progress note in the Resident record. 7/20/18

The RCD/Designee will conduct a weekly audit for 90 days of resident orders who have wounds to ensure they meet the required criteria as cited above. 10/20/18

The RCD/Designee is responsible for reviewing, Tracking and trending the results of the weekly audits. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the results of the monitoring of the plan. 7/25/18

The RCD contacted HCA's SN for Resident #2 to review the wound care order and clarify responsibilities between HCA SN and Sunrise Wellness Nurses. The expected communication process if SN is not able to provide care was communicated, so Sunrise can arrange for a community Wellness Nurse to provide the wound care/treatment. 6/20/18

The RCD provided re-education with Sunrise Wellness Nurses on the protocol for providing wound care when SN is not available. 7/16/18

The RCD will complete an audit of wound care orders for other residents to verify that a process is in place and communication has occurred with outside services on the expected process when SN is not available to provide wound care. 7/23/18

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R 292 Continued From page 3

R 292

to periwound as needed to prevent maceration and protect periwound, cover with gauze, wrap legs with kerlix, stocking, and wrap elastic bandage from toes to knee. Change dressing daily and as needed for drainage discomfort. SN to change [dressing] three times a week and will instruct facility staff on providing wound care on SN off days."

Continued review of Resident #2's current medical record revealed that the home care agency's SN provided wound care services twice a week versus the three times a week as ordered for the following weeks: 04/15/18, 04/22/18, 04/29/18, 05/06/18, and 05/13/18.

During an interview on 06/07/18 at 2:00 PM, the DON stated that wound care was to be provided three times a week and not daily. The DON also stated that the HCA was to provide the wound care on the percribed day. However, if the HCA's SN was unable to provide the wound care as ordered, then the ALR nurse would provide the care. When asked if wound care was provided by the ALR's nurses for the aforementioned weeks, the DON stated, "Yes, but they did not document it."

During an interview on 06/12/18 at 10:00 AM, Resident #2 stated that the ALR nursing staff will perform the wound care when the HCA nurse does not provide the wound care. The Resident also stated that the ALR will perform the wound care upon request.

During a telephone interview on 06/20/18 at 11:00 AM, the HCA's SN stated that Resident #2 was to receive wound care services three times a week and not daily. Additionally, the HCA's nurse stated

The RCD/Designee will complete a weekly audit for 90 days of residents who have wound care orders to ensure there is a process in place and communication has occurred with outside services on the expected process when SN is not available to provide wound care.

10/20/18

The RCD/Designee is responsible for reviewing, tracking and trending the results of the audit. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the results of the monitoring of the plan.

7/25/18 & Ongoing

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R 292 Continued From page 4 R 292

that on the days she was unable to provide the wound care, then the ALR's nurse would provide the care.

At the time of the survey, the ALR nursing staff failed to ensure or provide wound care for Resident #2 three times a week.

2. The ALR nursing staff failed to provide services to address falls as outlined in residents' ISPs, as evidenced below:

- a. Review of Resident #6's current medical record on 06/08/18 at 9:15 AM showed that the resident fell four times without injury on the following dates: 08/22/17, 08/27/17, 01/19/18, and 04/06/18. Further review of the record revealed two ISPs dated 07/23/17 and 02/09/18. The ISPs outlined a protocol for staff to follow when responding to future falls, which indicated the following:
 - evaluate the environment at the time and location of the fall to identify any factors that may have contributed to fall; and
 - review medications the resident has taken in the 24 hours prior to the fall to identify any medications that have contributed to the fall.

Continued review of the record showed there was no documented evidence that the facility's staff had followed the ISP protocol by evaluating the environment where the fall occurred and reviewing the medication the resident had 24 hours prior to the fall after each of the four incidents mentioned above.

- b. Review of Resident #7's current medical record on 06/08/18 at 12:40 PM showed that the resident had a fall without injury on 03/08/18. Further

The RCD reviewed Resident #6's most recent fall incidents and investigation documentation. The RCD documented in the progress notes, as an update to the fall investigation, the evaluation of the environment, factors that may have contributed to the falls, and that a review of the medications the resident took within the 24 hours prior to the fall occurred, with indication if any of the medications may have contributed to the fall. 7/20/18

The RCD reviewed Resident #7's most recent fall incidents and investigation documentation. The RCD documented in the progress notes, as an update to the fall investigation, the evaluation of the environment, factors that may have contributed to the falls, and that a review of the medications the resident took within the 24 hours prior to the fall occurred, with indication if any of the medications may have contributed to the fall. 7/20/18

The RCD reviewed Resident #8's most recent fall incidents and investigation documentation. The RCD documented in the progress notes, as an update to the fall investigation, the evaluation of the environment, factors that may have contributed to the falls, and that a review of the medications the resident took within the 24 hours prior to the fall occurred, with indication if any of the medications may have contributed to the fall. 7/20/18

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R 292	<p>Continued From page 5</p> <p>review of the record revealed an ISP dated 12/18/17. The ISP outlined a protocol for staff to follow when responding to future falls, which indicated the following:</p> <ul style="list-style-type: none"> - evaluate the environment at the time and location of the fall to identify any factors that may have contributed to fall; and - review medications the resident has taken in the 24 hours prior to the fall to identify any medications that have contributed to the fall. <p>Continued review of the record showed there was no documented evidence that the facility's staff had followed the ISP protocol by evaluating the environment where the fall occurred and reviewing the medication the resident had 24 hours prior to the fall after the 03/08/18 incident.</p> <p>c. Review of Resident #8's current medical record on 06/08/18 at 2:20 PM showed that the resident had a fall with injury (laceration to head) on 01/04/18. Further review of the record revealed an ISP dated 08/23/17. The ISP outlined a protocol for staff to follow when responding to future falls, which indicated the following:</p> <ul style="list-style-type: none"> - evaluate the environment at the time and location of the fall to identify any factors that may have contributed to fall; and - review medications the resident has taken in the 24 hours prior to the fall to identify any medications that have contributed to the fall. <p>Continued review of the record showed there was no documented evidence that the facility's staff had followed the ISP protocol by evaluating the environment where the fall occurred and reviewing the medication the resident had 24 hours prior to the fall after the 01/04/18 incident.</p> <p>At the time of the survey, the ALR failed to</p>	R 292	<p>The RCD/Designee will complete an audit of residents who had fall incidents and investigations to see if there are any other residents potentially affected by the above cited. For those residents identified for the above cited concern, The RCD/Designee will document in the progress notes, as an update to the fall investigation, the evaluation of the environment, factors that may have contributed to the falls, and will ensure that a review of the medications the resident took within the 24 hours prior to the fall occurred, with indication if any of the medications may have contributed to the fall.</p> <p>The RCD retrained Coordinators and Wellness Nurses the protocol for conducting a falls investigation, and documenting details of incident and implementing interventions per each individual resident's ISP.</p> <p>The RCD/Designee, Care Coordinators and Executive Director will review residents who have had falls in their weekly Interdisciplinary Meeting and make the necessary changes and notation in the resident's progress notes and ISP.</p> <p>The RCD/Designee will conduct a weekly audit for 90 days of residents who have had falls to ensure there was an investigation completed and the necessary interventions were put in place on the resident ISP and a progress note was placed in the resident file.</p> <p>The RCD/Designee is responsible for reviewing, tracking and trending the results of the audit. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the results of the monitoring of the plan.</p>	<p>7/31/18</p> <p>6/27/18</p> <p>7/20/18 and ongoing</p> <p>10/20/18</p> <p>7/25/18 & ongoing</p>
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R 292	Continued From page 6 provide services to address falls as outlined in the ISPs for Residents #6, 7, and 8.	R 292	The RCD updated Resident #2's ISP to reflect changes in wound care services being provided to the resident.	7/20/18
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on record review and interview, the ALR failed to ensure a resident's ISP was updated with significant changes for one of ten residents in the sample (Resident #2). Findings included: Review of Resident #2's current medical record on 06/06/18 at 10:00 AM showed the following wound care orders: - 12/22/17- Cleanse wound with normal saline, pat dry, apply hydrogel, cover with 4 X 4 gauze, and wrap with an ace wrap from toes to knees daily. It should be noted that the order lacked the location of the wound. - 01/09/18- Cleanse right leg and foot wound with mild soap & water, moisturize intact skin with vitamin A + D, apply adaptic & alginate to wound bed, cover with 4 X 4 gauze, wrap with kerlix and comperm stockings, and wrap with an ace wrap from toes to knees daily.	R 483	The RCD conducted retraining of the Wellness Nurses on documentation of updates regarding changes in resident services on the ISP. The RCD completed an audit of resident ISPs who are currently receiving wound care services to update ISP's with current wound services. The RCD/Designee will complete a weekly audit for 90 days of resident ISP's who have wounds to ensure the ISP reflects the current treatment and who will provide the treatment to the resident. The RCD/Designee is responsible for reviewing, tracking and trending the results of any audits. The results and trends are reviewed during the monthly Quality Assurance Performance Review meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the data of the audits and monitoring of the plan.	7/11/18 7/11/18 10/20/18 7/25/18 & ongoing

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R 483 Continued From page 7 R 483

- 01/12/18- Cleanse, examine, and moisturize left foot and leg daily. Apply compression knee or thigh stockings (for venous stasis) at 8:00 AM and remove at 8:00 PM daily.

Continued review of the record showed an ISP dated 08/14/17 which lacked documented evidence that staff had updated the ISP with the significant change of the wound care services as mentioned above.

During an interview on 06/06/18 at 2:30 PM, the DON stated that she did not update the ISP with the wound care service, but she would ensure residents' ISPs are updated with significant changes going forward.

At the time of the survey, the ALR failed to ensure the resident's ISP was updated with the wound care services.

R 971 Sec. 1003a General Building Exterior R 971

(a) An ALR shall ensure that the exterior of its facility, including walkways, yards, porches, chimney, gutters, downspouts, paintable surfaces, and accessory buildings are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the facility failed to maintain the exterior walkways in a safe condition.

Findings included:

On 06/05/18 at 1:00PM, inspection of the front exterior driveway showed several bricks were missing from the driveway, which created a potential trip hazard for wheelchairs, residents,

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R 971	Continued From page 8 staff, and visitors.	R 971	Maintenance Coordinator filled in missing bricks in community driveway.	6/27/18
	During an interview on 06/05/18 at 1:00PM, the Regional Director acknowledged that there were missing bricks in the driveway and stated the missing bricks will be replaced.		Regional Director of Facilities and Maintenance Coordinator conducted assessment of the driveway to identify other areas with the potential for the cited concern.	6/28/18
			Maintenance Coordinator/Designee to conduct monthly walk-throughs on driveway to observe for missing bricks.	7/25/18 & ongoing
			Maintenance Coordinator/Designee is responsible for reviewing, tracking and trending the results of any audits and monitoring. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the data of the audits and monitoring of the plan.	7/25/18 & ongoing